



Stay in the Loop

Viral Hepatitis Education & Training

Partners Sharing Progress -June 1, 2001

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Dear Partners:

The Division of Viral Hepatitis, National Center for Infectious Diseases, Centers for Disease Control and Prevention, has funded cooperative agreements with various organizations to test, disseminate, and evaluate viral hepatitis educational messages and to develop training programs for health professionals relative to the prevention and control of viral hepatitis. This letter, to which all partners contributed, will provide an overview of the partnering organizations, their projects, the objectives and educational tools that

they are using to fulfill the terms of their cooperative agreements and progress toward completion of their objectives. Also included are the contact persons for the various projects. The first name listed is the primary project contact.

Health Care Education & Training, Inc. (HCET)

Overview

HCET, Inc. is a private non-profit organization whose mission is to provide quality comprehensive education, training and program development services in the healthcare field. HCET strives to improve health by serving health care systems and communities throughout the Midwestern United States. HCET's educational and training events focus on the areas of adolescent pregnancy prevention, HIV, viral hepatitis, STDs, women's health, family planning, infertility prevention and prenatal smoking cessation. Educational services include on-site technical assistance, workshops, conferences, seminars and self-paced learning modules.

Division of Viral Hepatitis
National Center for Infectious Diseases
Centers for Disease Control and Prevention

The primary target audiences for the viral hepatitis training include health care professionals working in community health centers, family planning clinics and STD programs. Year One will include needs assessment, and some workshops will be offered. In Year Two, the delivery of training for clinics with high numbers of patients at risk will commence. Year three will be spent conducting training and evaluating the project.

Objectives

By June 30, 2001, HCET will conduct a needs assessment to identify the training needs and gaps in existing training programs for health professionals in the midwest who provide services for persons with, or at risk for, viral hepatitis. The needs assessment will review and include an analysis of secondary data, primary survey data, patient interview data, and observational data from site visits.

By the year 2004, HCET will increase by 20% (from the current level), the number services such as testing, counseling, vaccination and medical referral to persons at risk for, or infected with, viral hepatitis offered by health professionals and educators. HCET will work through existing conferences to provide training during annual meetings. HCET will also provide on-site training in high prevalence of viral hepatitis areas and assist organizations to link to existing satellite and web site offerings.

Progress

In early February 2001, HCET sent a Viral Hepatitis Training Needs Survey to 936 family planning, STD and community health center clinics in Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin. The survey consisted of 17 questions and determined the range of services offered, the self-rated knowledge level, the self-rated comfort level, and the perceived barriers related to viral hepatitis services. To date, 312 (33%) surveys have been returned.

One-third of the responses came from staff employed in local health departments. Response rates from the 10 states ranged from 22.8% in Michigan to 2.2% in Nebraska, with a mean of 10. Forty percent of respondents indicated their agency was a community health center, 32% family planning and 16% in an STD treatment setting. Interviews of staff were conducted and services observed at two clinic sites. A full analysis of the survey and a review and analysis of secondary data is currently being prepared. The report will be completed by June 30, 2001.

By the year 2003, the organization projects to increase by 20% the number of health professionals or educators who offer accurate and appropriate information and prevention and control services such as testing, counseling, vaccination and medical referral to persons at risk for or infected with viral hepatitis.

Through March 31, 2001 HCET delivered one hepatitis workshop during a nurse practitioner conference in Indianapolis; 95 participants attended the conference from IL, IN, and MI. The hepatitis workshop was a concurrent session of the conference of which 43 participants attended the hepatitis section. All participants were nurse practitioners working in women's reproductive health.

43 individuals completed a post meeting reaction (PMR) evaluation form. For this workshop 96% of those completing a PMR evaluation form rated the overall quality of the workshop as very good or excellent.

The following workshops have been or will be held:

April 17	Novi, MI
April 26	Middleburg Hts, OH
May 17	Springfield, OH
May 24	Gaylord, MI

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American Social Health Association (ASHA)

Overview

ASHA, founded in 1914, is a private, non-profit organization and dedicated to stopping all STDs and their harmful consequences to individuals, families, and communities. ASHA produces educational materials on sexual health, operates national hotlines for AIDS, STDs and herpes, advocates for strong public health programs to prevent the spread of STDs, and finds research to find better treatments. ASHA is the only nonprofit organization dedicated solely to social health issues focused on the prevention and elimination of STDs including HIV.

ASHA will assess the current status for the integration of viral hepatitis education and intervention into STD clinic settings.

Objectives

The first year of this project includes three main foci: determining the ideal content for patient education materials, collecting materials to determine what already exists, and surveying STD Program Managers and clinics to assess viral hepatitis education and vaccination practices.

Progress

ASHA has convened a panel of 26 hepatitis experts identified through consultation with CDC, National Institutes of Health, and partners

identified through a review of the HepSource book of organizations and referrals compiled by the American Liver Foundation (ALF). Using the Delphi method, the experts are being asked to arrive at a consensus as to what the most important messages are that need to be included in brochures, fact sheets, web sites, videos, and other educational interventions directed at healthcare professionals, patients, and the general public.

Staff have identified more than 300 brochures, fact sheets, web sites, and videos that have been created as educational materials directed to healthcare professionals, patients, or the general public. Copies of these materials are being obtained to conduct a content analysis. Using information from the Delphi expert panel process, items will be evaluated to determine the degree to which the existing interventions cover the messages that experts believe should be communicated. The materials will be scored and ranked according to whether the messages are communicated. Information that is covered in the materials, but is not deemed necessary by experts, will still be reported.

In 1997, the clinics surveyed were a convenience sample picked by the STD Program Managers within 65 project areas. The nature of the sample made it impossible to generalize survey results to all U.S. STD clinics. For the current project, ASHA will re-survey all of the clinics that responded to the 1997

survey, and will also draw a random sample from our National STD and AIDS Hotline referral database of identified STD clinics. The changes in methods for this survey will allow for both a trend analysis on whether the previous surveyed clinics have maintained or expanded their hepatitis integration initiatives and a prevalence analysis to describe the degree to which viral hepatitis has been integrated into STD clinics in the U.S.

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American Liver Foundation (ALF)

Overview

ALF is a voluntary organization dedicated to preventing, treating and curing hepatitis and other liver diseases through research and education. ALF fulfills its mission through its nationwide network of chapters.

Objectives

ALF will develop a curriculum to be used as a training tool to promote the integration of hepatitis-related information into HIV/drug prevention and education activities. This

curriculum will promote integration of viral hepatitis education among health professionals who currently educate about HIV/AIDS and injection drug use (IDU).

As the organization progresses in this project, additional activities to further the objectives will be identified. These may be undertaken in year two of this cooperative agreement, contingent upon additional funding. These activities include:

- presentation of the curriculum at national conferences targeted to drug, alcohol and harm reduction professionals;
- distribution of the training manual to a wider audience through regular mail and electronic mail; and
- effectiveness evaluation of the manual in helping professionals integrate viral hepatitis education into HIV/AIDS and drug and alcohol education and prevention activities.

Progress

Conduct a review of existing literature on hepatitis awareness and prevention practices among health professionals who work with IDUs and people with HIV/AIDS (PWHAs). (completed)

Identify two national conferences at which to implement training. (completed)

Abstracts have been submitted for presentations at the following national conferences:

- 2001 Community Planning Leadership Summit for HIV Prevention, March 16 – 18 2001, Houston TX (completed);
- 2001 United States Conference on AIDS, September 13 – 15, 2001, Miami FL. (approval pending);
- 2001 National HIV Prevention Conference, August 12 – 15, 2001, Atlanta, GA. (approval pending);
- National Association of Addiction Treatment Providers, May 17 – 20, 2001, Scottsdale AZ. (approval pending); and
- 8th Annual National Hepatitis Coordinator Conference, July 30 – August 2, 2001, Richmond, VA (abstract approved).

Roundtable presentation was made at the Community Planning Leadership Summit for HIV Prevention. The roundtable provided an opportunity to discuss the integration of HCV information with HIV/AIDS education and prevention activities with participants. Participants provided input about the education and training needs of professionals.

A trainer has been identified and hired to develop curriculum.

ALF is in the process of convening a panel to review a draft of the training curricula.

Development and draft of the curricula and evaluation materials is about 50% completed.

Work has begun on the evaluation portion of the training curriculum.

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JSI Research & Training Institute (JSI)

Overview

JSI is a health care research and consulting organization committed to improving the health of individuals and communities world-wide. Since its inception in 1978, JSI has grown to a staff of more than 400 with expertise in public health, clinical care, research methods, economics, community development, organizational development, data systems, and health care operations.

JSI will focus its activities on Region VIII (CO, MT, ND, SD, UT, and WY); however, the organization is very pleased to have collaborative relationships set up with Regions I and II (New Jersey, New York City, New

York State, Puerto Rico, and Virgin Islands.) JSI is targeting training among health care professionals in four areas: primary care, community health centers, rural health, and family planning programs.

Objectives

A needs assessment is in development that is to be used with groups in Region VIII to assess training or technical assistance needs, general knowledge of viral hepatitis, where information is obtained, integration capacity and barriers for providing viral hepatitis services.

Once a curriculum is put together, it will be in a format comprised of modules that can either stand-alone or serve as one complete training program. To date, some of the topics or modules under consideration include:

- general information such as modes of transmission, risk factors, epidemiology, and natural history of viral hepatitis.
- needs for implementing a program such as screening issues (screening criteria), vaccination programs, lab/testing issues, and treatment/referral issues; and
- prevention messages and barriers to providing vaccines.

The primary focus for this first year is to develop the needs assessment, disseminate the tool, and analyze the data. Additionally, staff will participate in various conferences to introduce the

project and give a general overview of viral hepatitis.

Progress

JSI has completed the development of needs assessment tool and has piloted the tool with 13/20 providers across Region VIII. This assessment covers health professionals in four areas: primary care, community health centers, rural health, and family planning programs.

A speaker has been sponsored to provide a presentation to the SD Department of Health, DIS. The presentation covered serologic profiles for hepatitis A, B, and C. An additional speaker has been arranged for a hepatitis session at the Region VIII Family Planning Update Conference, April 2001 and for an exhibitor booth at the Colorado Rural Health Conference, June 2001.

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National Alliance of State and Territorial AIDS Directors (NASTAD)

Overview

Formed in 1992, NASTAD represents

the chief state and territorial health department HIV/AIDS program managers from across the country. NASTAD members are responsible for administering both federal and state funded HIV/AIDS prevention, health care, supportive services, and housing programs. To achieve the goal of promoting a more effective national, state and local response to the HIV/AIDS epidemic, NASTAD provides a forum for technical assistance and dissemination of information about effective prevention and continuum of care programs, consults on a regular basis with federal agencies, and works with other national organizations with mutual goals.

NASTAD will develop a comprehensive model (termed the NASTAD Viral Hepatitis Program) for coordination between HIV/AIDS and viral hepatitis programs.

Objectives

NASTAD plans to develop a program to provide systematic guidance and information that HIV/AIDS programs need to:

- develop appropriate staff expertise on viral hepatitis;
- inform them of the full range of existing materials and resources on this subject; and
- enable them to conduct an assessment of how to incorporate viral hepatitis activities into their existing program infrastructures.

Materials developed by this program are intended for use by state, territorial, county, and local HIV/AIDS programs, larger non-governmental HIV/AIDS service providers, and other public health agencies.

During the course of this project NASTAD will convene a Viral Hepatitis Work Group (VHWG) composed of AIDS directors from Arizona, Hawaii, Florida, Iowa, Maine, Montana, New Jersey, New Mexico, Rhode Island, Texas and Wisconsin who have demonstrated expertise in coordinating viral hepatitis and HIV/AIDS programs to inform and help guide the project.

A three-phase plan was proposed for this project. Phase I, which is underway, involves formative research, literature and materials search, a focus group with AIDS directors, and collection of information from jurisdictional programs. This phase will create a state-of-the-art “portrait” of existing materials, programs, and resources on viral hepatitis.

Phase II will entail the development and refinement of the three areas of emphasis of the Model (education, information, and organizational assessment) combining the best of currently available materials with new findings from Phase I in an accessible, user-friendly package.

Phase III will cover the pilot testing of the model in at least two jurisdictions, evaluation of the pilot testing, and revision and dissemination of the model.

The final model will be appropriate for use by state, territorial, county, and local HIV/AIDS programs, larger non-governmental HIV/AIDS service providers, and other public health agencies.

Plans for the content and structure of the Model have been revised over time based on suggestions from AIDS directors. A focus group and follow-up discussions have made clear that while most jurisdictions are engaged with viral hepatitis activities at some level, the number and types of activities and their funding levels vary widely. Current thinking about the Model suggests that it will be organized into 8-10 shorter modules rather than 3 longer modules. In this way, jurisdictions that have moved forward with viral hepatitis activities can skip over program areas they have already implemented, while other jurisdictions can begin with basic areas and develop as much of a program as their funding allows and situation requires.

Current thinking about the content of modules is that they should parallel the existing structure of most HIV programs, since it is into these programs that the viral hepatitis component will be integrated. Possible topic areas for modules include: basic staff education; hepatitis surveillance; hepatitis sexual risk prevention programs; hepatitis IDU risk prevention programs; hepatitis vaccination strategies; hepatitis counseling and testing programs; hepatitis partner counseling and referral

services; and referral/linkages to treatment.

Within each module, there will be a similar structure. The working structure at present is:

- background information;
- similarities to and differences from HIV/AIDS in the particular content area;
- program needs in that content area;
- case study/studies of successful integration of the content area into a viral hepatitis program;
- “points to consider” list regarding particular subpopulations (e.g., ethnic/racial minorities, youth, women, incarcerated, etc.);
- an organizational assessment of staff, skills, funding etc. necessary to develop a program;
- a “next steps” checklist;
- a listing of resources and further reading; and
- appendices.

Progress

NASTAD has planned and facilitated a half-day Institute on viral hepatitis at the 2000 United States Conference on AIDS (USCA), and planned for viral hepatitis topics at upcoming conferences. They have conducted a scientific and public health literature review relating to the connections between HIV/AIDS and viral hepatitis. (Approximately 60 articles from 1994-2000 have been identified using the MEDLINE and

PSYCHINFO databases and are currently being synthesized for use in NASTAD’s general efforts and in developing the Model). NASTAD has convened a focus group of eight AIDS directors with varying levels of responsibility for viral hepatitis programs in their jurisdictions to provide member opinions and specific suggestions for the content of the Model.

They have completed a site visit to Rhode Island, a jurisdiction identified during the proposal drafting process as having a model program of viral hepatitis surveillance and service delivery. The site visit included meetings and interviews with health department staff as well as with two community-based organizations, one AIDS-service organization and one agency serving communities of color, particularly women.

Viral hepatitis programs in other jurisdictions of varying sizes, populations, and budgetary resources have been identified (e.g., Texas, Delaware, Arizona). Materials from these jurisdictions are being collected.

NASTAD is revising their *HIV Prevention Fact Sheet* to shift its emphasis from hepatitis C more broadly to viral hepatitis and to update its contents based on input from CDC and from jurisdictions.

In February 2001, NASTAD issued a special-theme edition of the monthly *NASTAD HIV Prevention Bulletin*

focusing on viral hepatitis, with an overview of the similarities and differences between HIV and hepatitis viruses; a primer on the five types of viral hepatitis; and a description of NASTAD's new program and other new CDC initiatives.

In March, a workshop was conducted during the 2001 Community Planning Leadership Summit for HIV Prevention, in Houston, TX. The workshop was entitled, "Linking Viral Hepatitis Prevention into HIV, STD and Substance Abuse Programs: Practical Lessons Learned."

A session on viral hepatitis was conducted at the NASTAD Annual Meeting on April 30. Several AIDS directors presented on the status of viral hepatitis prevention in their respective jurisdictions. Representatives from the Division of Viral Hepatitis discussed the National Hepatitis C Prevention Strategy, funding, and the collaborative effort of CDC (NCHSTP, NIP and NCID), to support programs for integrating prevention services for HIV, STD and viral hepatitis.

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Hepatitis Foundation International (HFI)

Overview

HFI seeks to increase awareness of the worldwide problem of viral hepatitis and to educate the public and healthcare providers about its prevention, diagnosis, and treatment. HFI is the only organization focused exclusively on bringing viral hepatitis under control and supporting research; educational programs; and materials for medical professionals, those with hepatitis, and the public.

Objectives

The project to be undertaken by HFI is the development and distribution of a training video and support materials, to be followed by an impact assessment.

Progress

HFI has developed a new 12-minute bloodborne pathogens video, for individuals at occupational risk, and will soon begin distribution. Strong preliminary interest has been shown in this liver wellness, hepatitis, and substance abuse prevention video, which is designed to motivate individuals to use standard precautions more effectively. A new brochure is being developed as a companion piece for the video, and both will be a part of a package that explains how hepatitis B and C viruses attack the liver, what cirrhosis is, and what impact liver

damage can have on health and well being. Prevention messages in this package include:

- signs, symptoms, and modes of transmission of hepatitis B, C and HIV;
- functions of the liver;
- how viruses attack the liver;
- bodily functions adversely impacted by liver damage;
- activities and behaviors that put individuals at risk of viral infection; and
- referral to medical experts, health services, counseling, testing, and medical assessment.

This new education package is designed to reach large numbers of individuals in the business and healthcare communities who are obligated to provide employees with bloodborne pathogen education.

The video will also identify risk behaviors and alert individuals that they may need to seek testing and medical evaluation.

Development of the video was based on a needs assessment of the content used in current hepatitis education programs, bloodborne pathogens videos, and materials. This assessment identified gaps in available information and determined messages that motivate individuals to avoid liver-damaging behaviors and to use standard precautions. The assessment also included an extensive search of existing materials and videos on the Internet and other sources, as well as a phone survey and personal contact with police officers,

firefighters, laboratory workers, hospital workers, and others to gauge their level of knowledge concerning hepatitis and cirrhosis and how this knowledge affects individuals' behavior.

Effectiveness of these new materials will be evaluated with a pre-test to identify the knowledge base of the targeted audience. A post-test will be provided along with a reply envelope to be distributed to the same audience.

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The National Commission on Correctional Health Care (NCCHC)

Overview

NCCHC is an organization working to improve the quality of health care provided in jails, prisons, and juvenile confinement facilities.

Objectives

NCCHC has completed a number of its objectives for the development of a curriculum on hepatitis education for inmates and correctional officers. The first year's objective was to conduct a needs assessment and determine the reading skills for the targeted populations.

The development of an educational program about hepatitis useful in

addressing populations in jails, prisons, and juvenile detention and confinement facilities is the next step. NCCHC, in conjunction with its contracted education specialist, will develop two lesson plans, one for inmates and one for correctional officers, with participant materials for inmates and officers on hepatitis A, B, and C. NCCHC will develop enduring materials for inmates and correctional staff on the risk-reduction, testing, counseling, and treatment of viral hepatitis.

Progress

A second draft of the correctional staff curriculum was completed as of May 3, 2001 (inmate curriculum to be started in early summer). In early May 2001 NCCHC met with the CDC project officer and members of the NCCHC advisory council to further refine the curriculum. Transparencies, lesson plan, instructions for educators, and a pre-test and post-test have been drafted. The hepatitis curricula will contain pre- and post-testing strategies to assess knowledge for the prevention of viral hepatitis; health brochures appropriate for the educational and skill level of inmates and correctional officers; and a lesson plan including visuals (slides or transparency overheads.) The lesson plan will focus on the prevention and treatment of viral hepatitis and vaccination against hepatitis B. The curricula will contain a resource list for health educators.

Using readability software (e.g., Windows Dale-Chall, Fry, Flesch Grade Level, Flesch Reading Ease, FOG, SMOG, FORCAST, Powers-Somner-Kearl, or

Spache), the curricula will be evaluated by the educational consultant based on information determined by the needs assessment.

A pilot-test will be conducted on approximately ten inmates and officers at the Cook County jail in Chicago, Illinois and the Illinois Youth Center in St. Charles, Illinois. Modifications to the curricula will be made after this test. In addition, the advisory panel will be asked to field test the curriculum at their respective facilities to provide further information and feedback. Adjustments will be made to the curriculum based on the information received.

Results of the project will be disseminated through NCCHC's *CorrectCare* and presented at the 25th Annual National Conference on Correctional Health Care in 2001. The curriculum will be unveiled at the Albuquerque, New Mexico conference, November 10-14, 2001. A *CorrectCare* article will be written for publication in the post-conference issue. The enduring materials component will be developed as soon as the curriculum is completed in late summer 2001.

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Parents of Kids with Infectious Diseases (PKIDs)

Overview

PKIDs was organized to educate the public about infectious diseases, the methods of prevention and transmission, the latest advances in medicine, and the elimination of social stigma borne by the infected; and to assist the families of the children living with hepatitis, HIV/AIDS, or other chronic, viral infectious diseases with emotional, financial and informational support. In the world of pediatric hepatitis, no hub of information exists for parents, pediatricians, public health professionals and others with which to share, learn and connect. Across the United States, and in other countries, there are variances in basic treatment, in timeliness and method of identification of those infected and in the education of diverse populations on methods of and need for prevention of hepatitis A, B, C, D and E. These variances exist in large part because it's extremely difficult to keep up with what is going on, not only within one's own area of expertise, but in all areas of concern for children and families affected by hepatitis.

Objectives

PKIDs will produce a report presenting the latest information on various topics in pediatric hepatitis. An update will be offered in 1-2 years, in the form of an insert, after the report's publication. A completely revised edition of the report will be published 3-4 years after the original. These time estimates are dependent on the speed with which new developments take place in the field of pediatric hepatitis. The information to

be provided will be useful to scientists and laypeople and will be delivered at a language level everyone can understand.

Medical and legal experts, parents, children, teachers, social workers and others will be identified and interviewed, not only in the United States, but also worldwide where strides are being made in the field of pediatric hepatitis. The interviewees will represent both genders, racial and ethnic minority populations. Some of the agencies and organizations through which the staff will work include the International Pediatric Association, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, the Bill and Melinda Gates Children's Vaccine Program, the American Academy of Pediatrics (and equivalent foreign organizations), the U. S. Department of Justice (and equivalent foreign agencies), domestic and foreign Societies of Pediatric Gastroenterology, Hepatology & Nutrition, and attorneys and legal organizations in the United States and other countries specializing in civil rights and estate plans.

Every piece of information in this report will reflect the pediatric view of hepatitis A, B, C, D and E – treatment, transmission, and prevention.

Most of the information provided which is country-specific (i.e., laws, government assistance, etc.) will be detailed for the U.S. on a federal level and, where it is reasonable, listed as resources for individual states and other countries.

Issues such as insurance, the Americans with Disabilities Act, disability/social security, alternative medicines, the use of standard precautions in everyday life and transplants will be addressed.

Each type of hepatitis will be thoroughly explained: what it is, transmission, prevention, likelihood of chronic disease developing, outlook if chronically infected, cirrhosis, fibrosis, jaundice, fatigue and various forms of liver cancer, current drug therapies available for children, what's coming down the pike and when, and the results from the various pediatric drug therapies used to date.

Testing will be explained: bloodwork, ultrasounds, biopsies and so forth – what they're for, what they can mean, potential risks and pediatric ranges.

How-to sections will be included on such topics as: informing friends, schoolmates, family and school staff of a child's disease, with a discussion on the pros and cons of informing; creating and maintaining productive support groups for children and their families, and addressing the need for various kinds of support groups depending on who in the family is infected and/or how many family members are infected; informing a child that he or she is chronically infected with a form of hepatitis and approaching that challenge using one of our age-appropriate modules which will contain FAQs and various other items from the different age groups.

The report will conclude with personal stories from infected/affected children and their family members, healthcare professionals and others, along with a substantial resource section, bibliography and artwork from the children.

Progress

Major portions of the report are now drafted. The technical/medical section will be given to the PKIDS medical editor to review prior to review by CDC. Other sections, however, are being sent to CDC for review over the next few weeks.

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The National Minority AIDS Council (NMAC)

Overview

NMAC, established in 1987, is the premier national organization dedicated to developing leadership within communities of color to address the challenge of HIV/AIDS. NMAC works to promote sound national HIV/AIDS, health, and social policies that are responsive to the needs of the diverse communities of color impacted by HIV/AIDS, conducts individual, on-site community-based organization

management and organizational needs assessments in order to support long-term organizational health of front-line AIDS service organizations, provides in-depth training and conference opportunities to AIDS service organizations across the country, and advocates for the proper and speedy development of urgently needed AIDS treatments.

Objectives

NMAC and the Academy for Educational Development (AED) are collaborating on HepSmart, a project designed to identify culturally relevant educational materials and messages about viral hepatitis control and prevention for men who have sex with men (MSM) and IDUs of color.

NMAC and AED are working together to develop messages aimed at changing behavior among MSM and IDUs of color who are at risk for viral hepatitis. The project aims to carry out a comprehensive needs assessment on a national basis, which will identify gaps in messages targeting MSM and IDUs, and whether existing messages have been successful in changing behavior that places individuals at risk. The needs assessment will gather information on materials being produced at the national and local levels targeting these populations. NMAC and AED will develop a relational database of existing materials, test some of the existing messages with members of the target populations, and seek to identify new messages that will address gaps in

available printed materials. Once specific messages have been developed, the program will work in collaboration with local organizations in six target cities to pilot test messages with members of the target population. HepSmart's objectives offer a combination of process and outcome objectives as described below:

- Identify gaps in existing educational messages and materials for MSM and IDUs, with a focus on people of color by July 2001.

The two organizations are working to develop an automated relational database using Microsoft Access software to catalogue programs and materials related to hepatitis prevention and treatment among IDUs and MSM, with a specific emphasis on people of color. Surveys were developed for mailing to national and community-based organizations to provide information on programs and materials for these populations.

- Conduct a comprehensive needs assessment to identify core components of effective messages to reach MSM and IDUs, and effective vehicles for dissemination of messages, by September 2001.

NMAC and AED are also working to develop a focus group protocol and questions for MSM and IDUs. The focus group questions focus on health-related decision-making and whether specific factors impact behavior change. The focus groups will gather information

on those messages perceived to be effective in motivating behavior change and will help identify vehicles for dissemination of such messages and specific testing of hepatitis materials. Two MSM of color focus groups and two IDU of color focus groups will be conducted. Specific materials gathered during the survey process will be tested during the focus groups.

- Identify and test messages and materials that address identified gaps with IDUs and MSM, by March 2002.

Based on the results of the needs assessment, NMAC and AED will begin development of messages to be tested with MSM and IDU populations. These messages will be used in the development of materials that will address gaps identified in the needs assessment process.

- Develop collaborative relationships with national and local organizations in three cities to create strategies for the integration of message and materials throughout existing structures and programs for the target populations, by June 2002.
- Develop protocols, in partnership with the local agencies, to evaluate the effectiveness of messages and materials in: reaching target audiences, increasing knowledge of viral hepatitis in target populations, and increasing testing, immunization, counseling, and

medical evaluation among target populations, by August 31, 2002.

Progress

NMAC, working in conjunction with AED, has surveyed 38 national hepatitis prevention organizations (e.g., HFI, ALF). A database was developed to catalogue all materials relating to hepatitis prevention and treatment for MSMs and IDUs of color produced by these organizations. In the second phase of this environmental scan, NMAC is conducting a survey of their member organizations to identify hepatitis-related programs and/or materials being used for these same audiences. This survey has been mailed to the 6,000-plus organizations in NMAC's database, distributed at the 2001 Community Planning Leadership Summit and at NMAC regional trainings and will be posted on NMAC's web site at <http://www.nmac.org>. Finally, in March 2001, AED mailed surveys to all 65 HIV Prevention Community Planning Groups nationwide to gather information about community-based HIV prevention programs that serve IDUs of color, and have begun entering this information into a database.

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Immunization Action Coalition (IAC)

Overview

IAC works to boost immunization rates and prevent disease. IAC provides health professionals with the most up-to-date immunization information by mail and electronically to help them better serve their patients. The Hepatitis B Coalition, a program of IAC, promotes hepatitis B vaccination for all children 0–18 years of age; hepatitis B surface antigen (HBsAg) screening for all pregnant women; testing and vaccination for high-risk groups; and education and treatment for people who are chronically infected.

IAC publishes *NEEDLE TIPS* and the Hepatitis B Coalition News, *VACCINATE ADULTS!*, *IAC EXPRESS*, “Unprotected People” stories, and hundreds of print materials for patients and health professionals, some in up to 22 languages. All of IAC’s print materials are camera-ready and copyright-free, reviewed by CDC for technical accuracy, and available on IAC’s website <http://www.immunize.org>.

Objectives and progress

Under the terms of its cooperative agreement with CDC, IAC will develop and distribute patient risk assessment screening questionnaires for hepatitis A, B, and C in English and Spanish. Risk screening questionnaires have been completed in English, and they are

currently being distributed in our publications *NEEDLE TIPS* and *VACCINATE ADULTS!* to nearly 400,000 health professionals. The questionnaires are also available online at <http://www.immunize.org>. The Spanish language versions will be available by the end of June.

IAC has developed a new website at <http://www.hepprograms.org> to highlight the nation’s innovative hepatitis A, B, and C prevention programs for high-risk adults across the nation. Hepatitis program managers and others interested in developing programs can contact these successful programs and learn about their implementation and development.

IAC will create and distribute a one-time 8-page publication for obstetrician/gynecologists about immunization including viral hepatitis prevention. There will be an evaluation component with this publication. It will be mailed in July 2001.

The organization will create and distribute packages of information about immunization delivery in order to educate health professionals in clinics and medical practices that have not been traditional vaccination sites.

The 5 sections of this “how-to” kit will be:

- How to administer vaccine—a video entitled “Immunization Techniques”;

- How to take care of your vaccine supply—a video entitled “How to Protect Your Vaccine Supply”;
- How to become a Vaccines For Children (VFC) provider if you have clients 18 years of age or younger;
- What health professionals should know about hepatitis A, B, and C; and
- What patients should know about hepatitis A, B, and C.

These "how-to" packages will be offered free of charge to STD clinics, all obstetricians and gynecologists in the U.S., all Planned Parenthood clinics, all family planning clinics, other high-risk settings, and anyone else who wants them. There will be an evaluation component with this package. These materials will be available in late August.

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National Association of County and City Health Officials (NACCHO)

Overview

NACCHO is a nonprofit membership organization serving all of the nearly 3,000 local public health agencies nationwide—in cities, counties, townships, and districts. NACCHO provides education, information, research, and technical assistance to local health departments and facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health.

Objectives

The goals and objectives of the viral hepatitis project to educate local health officials regarding viral hepatitis prevention and control, assist in the development of educational materials that best meet the needs of at-risk populations, and assess the capacity of local health departments to address hepatitis issues.

During the 2000-2001 project year, NACCHO project activities included:

- Funding of local public health agencies to develop, implement, and evaluate hepatitis education workshops in their communities.
- Establishing e-mail list-serv for all applicants to the above mentioned grant program, for the purpose of information sharing and networking.

- NACCHO Annual Conference sessions on infectious disease prevention, including viral hepatitis.
- Regular communication with our membership on hepatitis resources, federal updates, and items of interest via our newsletters.
- Convening NACCHO's HIV and Other Bloodborne Pathogens Advisory Committee, which provides guidance and input on the project.
- Maintaining up-to-date project web-page with links to CDC and other viral hepatitis project partners.

Progress

In April, six local public health agencies were funded to convene community-wide educational workshops on viral hepatitis. Awards were given to Erie County (NY), Hanover County (VA), Hill County (MT), Lord Fairfax County (VA), and Seattle-King County (WA). Workshops will be held during the summer months and must be completed by September 15, 2001. More information on the grantees' programs will be provided in subsequent project overviews.

NACCHO's HIV and Other Bloodborne Pathogens Advisory Committee convened on April 5-6 in Annapolis, MD. The committee discussed current priorities, reviewed project work, and provided guidance for future project activities.

During NACCHO's Annual Conference in June (Raleigh, NC), three infectious disease sessions will be held including:

- a roundtable discussion on integration of viral hepatitis prevention activities into existing infrastructure;
- presentations on the CDC/HRSA corrections demonstration projects; and
- presentations on local public health agencies' role in working with communities funded by the Minority AIDS Initiative.

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